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## **Functional and Dysfunctional Relations of Art, Science, and Health**

**Abstract:** With this text, I intend to theoretically interpret the relations between historical and contemporary art, science, and health through the modalities of politics, ethics, and aesthetics. The first hypothesis points to the possibilities of the historical construction of discourse and visual representations of confronting the actions of biopolitics, necropolitics, and politics in a critical relationship between art, science, and health. The understanding of biopolitical and necropolitical functions and effects of science and medicine are re-examined, tested, and critically revealed in modern and contemporary artistic research. I will point to different functional and interventional modes of art: art as a symptom, art as a critical practice, art as a subversive practice and, most importantly, art as an emancipatory practice. I am interested in special cases: artistic provocations or subversion of ethical norms, activist questions about universal human and planetary ethical norms, and critical limits of medical morality and ethics.

**Keywords:** art, science; health; biopolitics; necropolitics; politics; ethics; forms of life; death.

### **Platform for Research and Discussion Art outside the World of Art**

I will discuss a theoretical approach to the modalities, context, and impacts of researching the variable relationships between art, science, and health. The basic hypothesis of this discussion is that affect-concept-impact (art) and concept-discourse-impact (science) must performatively disrupt the speculative loop of correlationism.<sup>1</sup> This disruption takes place in order to confront the very different modalities of appearance and operation of the multitude of impacts that we call health in relation to individual and collective human bodies.

The first step in this discussion is the interpretation of the noticeable change in the character and modalities of contemporary art – art in the 21<sup>st</sup> century. Contemporary art thematically and medially aligns itself through non-artistic agents. For example, it employs experiments from the natural or technical sciences, as well as technologies of medicine, pharmacy, politics, or economics in the performance or event

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<sup>1</sup> Quentin Meillassoux, “Ancestrality,” in *After Finitude: An Essay on the Necessity of Contingency*, trans. Ray Brassier, (London: Continuum, 2008), 5. Compare with Timothy Morton, “Things in Common: An Introduction,” in *Humankind: Solidarity with Nonhuman People* (London: Verso, 2019), 7.

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of art as an artistic work. This is the first significant break with the correlationism of art: it departs from its immanence by adopting the media (materials) and mediators (communicators, correlators) of other disciplines.

The second step in this elaboration is the interpretation of the thematic and medial orientations of artistic practices. It is directed towards agents and impacts of medicine, i.e., towards questions of health. According to the World Health Organization, health is understood in the broadest sense as “a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity.”<sup>2</sup> At the same time, the concept of ‘health’ signifies the state of the human organism in an individual and collective sense, as well as the science of health, technologies for maintaining health, and institutional policies for the realization of sciences and technologies, i.e., the preservation of individual and collective health, and the exploration of areas and manifestations contrary to health (weakness, illness, infection, epidemic, pandemic, injury, death, treatment, placement in healthcare institutions, implementation of therapy, etc.).

The relationships between art, science, and health are identified, indexed, named, and observed as historical and current processes of implementing certain policies and making ethical decisions in the contexts of applicable biopolitics and necropolitics. In this context, art is an expropriating, symptomatic, and, above all, provocative tactical activity.

### **Art *Outside* the World of Art**

Visual arts have gone through various phases and regimes of exploration and experimentation with the immanent ontology of art since the Renaissance. Therefore, art should be considered separately from other human forms of life such as work, production, and action.<sup>3</sup> The immanent ontology of art was based on sensory, i.e., visual manifestations of nature, the visibility of social relations, and the representation of the human individual and social body.

Criticism of immanent ontology of art began with the critique of academic art. Critical realisms of the mid-19th century emerged from the power of visual arts to index, record, and reconstruct the “reality” of social contradictions and antagonisms. In modern visual arts, there was a tendency to represent impressions (impressionism) and internal fantasies (symbolism), express psychological anxieties (expressionism), reconstruct modalities of the unconscious (surrealism), subjectivize the depiction of the social or institutional (new objectivity), and so on. The emergence and development of abstract art were, in idealized propositions, the destruction of the functions and impact of referentiality in visual arts, as well as the realization of the autonomy of art in relation to the conditions and circumstances of the external natural, social, and

<sup>2</sup> World Health Organization, “Constitution of the World Health Organization – Basic Documents,” <https://www.who.int/about/governance/constitution>, acc. August 30, 2023.

<sup>3</sup> Hana Arendt, “The Term *Vita Activa*,” in *The Human Condition* (Chicago and London: The Chicago University Press, 1958), 12–17.

human world. Artwork could be identified as an immanent setting (*ge-stell*) of art opposed to what is not art. The contexts of such practices were recognized and identified as “art itself”, “art for its own sake”, or as the artworld.<sup>4</sup>

Contrary to the dominant line of high modernism, criticisms of the autonomy of art can be seen in social and socialist realism, subversions of immanence in anti-art movements like Dada, Neo-Dada, and Fluxus, as well as epistemological testing of the boundaries of art in conceptual and post-conceptual art in the second half of the 20<sup>th</sup> century. For example, conceptual art established a critical institutional theory and practice of art. This meant that the established and self-evident world of modern art had to be questioned from the conditions and circumstances of the productional and functional immanence of artistic work and the context of art institutions.

The interest in the “return to the real” manifested in the reconstruction of the concept, practice, and manifestation of the artwork with a rhetorically emphasized reference.<sup>5</sup> However, it is important to note the unexpected modalities of establishing reference as the artwork itself in documentary approaches, appropriative, participatory, and performative artistic practices. This led to a situation where artistic work, production, or activity abandoned the completed and autonomous artwork as an object, and in subsequent steps – during the 1990s and the beginning of the 21<sup>st</sup> century<sup>6</sup> – left the artworld or artworlds,<sup>7</sup> entering, in a phenomenological and functional sense, into the processes of politicization of complex heterogeneous relations between art and forms of life. The artist, artistic practice, artistic impacts, and reception of artistic effects found themselves in an open and indefinite world without a secure foundation that art had found in the ideology and poetics of autonomy and immanence of art. Michel Foucault anticipated this situation with the following observation:

What strikes me is the fact that in our society, art has become something which is related only to objects and not to individuals, or to life. That art is something which is specialized or which is done by experts who are artists. But couldn't everyone's life become a work of art? Why should the lamp or the house be an art object, but not our life?<sup>8</sup>

In other words, the return to the real has marked a transformed establishment of referential relationships, not at the level of reflecting or representing the external visible world through artistic work, but at different levels of pragmatic performance,

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<sup>4</sup> Arthur C. Danto, “The Artworld,” *The Journal of Philosophy* 61 (1964), 571–584.

<sup>5</sup> Hal Foster, “The Return of the Real,” in *The Return of the Real: The Avant-Garde at the End of the Century* (Cambridge MA: The MIT Press, 1996), 168.

<sup>6</sup> Nato Thompson, ed., *Living as Form: Social Engaged Art From 1991–2011* (Cambridge MA: The MIT Press, 2012), 16–33.

<sup>7</sup> Pamela Lee, “Introduction: Forgetting the Art World,” in *Forgetting the Art World* (Cambridge MA: The MIT Press, 2012), 1–38.

<sup>8</sup> Michel Foucault, “On the Genealogy of Ethics: An Overview of Work in Progress,” in *Foucault Reader*, ed. by Paul Rabinow (New York: Pantheon Books, 1984), 350.

functional, and interventionist forms of life. For example, Marta de Menzes pointed out the use of biology as an artistic medium<sup>9</sup>. In other words, it refers to forms of life in society (macro level of politics) and in culture (micro levels of policy and articulations of everyday life). Life forms introduced or derived from artistic practices take place in fields with completely different institutionalizations of human activities, power, and effectiveness, ranging from natural and medical sciences to various technological systems and encompassing the totalizing domains of ecosystems, geological systems, etc. Artistic practices are indexed and mapped in inter/transdisciplinary relationships with sciences (physics, chemistry, biology, medicine, geology, ecology, sociology, psychology), technologies (communication, production and processing, energy, digital and post-digital, AI, bio, pharmaceutical technologies, etc.).

In this study, I will index and discuss the situation when artistic practices move away from and depart the world of art, establishing a hybrid relationship between art as a practice or activity, science (biology, medicine, pharmacy, physical culture), and health (from the human condition to institutions of treatment and maintenance of human life). Art then becomes a hybrid inter/transdisciplinary, often post-media or non-media intervention practice built around appropriation, participation, or reconstruction of different forms of life outside the field of immanent understanding of modern or disciplinary-media art. The term post-media practice primarily denotes complex digital assemblages and digital communication or production networks. The term non-media practice denotes a risky and open situation in which anything and anyone from actuality or fiction can be used as means or apparatus of artistic production, communication, intervention, and exchange. In other words, institutions and practices of medicine or pharmacy, and their impacts on human, animal, or plant health, can become unexpected media for artistic or aesthetic communication.

### **Medicine and Health as Propositions of Biopolitics and Necropolitics**

The starting points for discussing the relationship between art and health can be quite diverse didactic pieces that depict or document human anatomy or layers of human tissue. One should not forget Leonardo da Vinci's anatomical drawings (1510–1511), the expressive suggestions of a girl suffering from tuberculosis in Edvard Munch's "The Sick Child" (1907), as well as Rembrandt Harmenszoon van Rijn's proto-institutional painting "The Anatomy Lesson of Nicolaes Tulp" (1632) or Christian Schäd's depiction of a medical intervention in "Operation – Appendectomy in Geneva" (1929). However, they can also be didactic models of the human body in an anatomical museum (La Specola Anatomical Collection, Florence, Italy). In other words, they are also photographs from medical journals<sup>10</sup> from the late 19<sup>th</sup> century

<sup>9</sup> Marta de Menzes, "On pipettes and art studios: intersections of art and biology," in *Touch Me Festival OutInOpen*, ed. by Olga Majcen, Tomislav Medak, Sunčica Ostoić (Zagreb: Kontejner i Multimedijski institut, 2005), 235.

<sup>10</sup> Georges Didi Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge MA: The MIT Press, 2003).

or illustrations in an old school Anatomical Atlas of the human body.<sup>11</sup> (Figure 1 and 2) But they are also anti-Nazi polemical paintings like Oscar Kokoschka’s “Self-Portrait of a Degenerate Artist” (1937), post-documentary photographs like Nan Goldin’s “Gotscho Kissing Gilles” (1993), Katarzyna Kozyra’s “Olympia/Blue/” (1996), Zoran Todorović’s “Agalma” (2003–2009), and so on. What do we see in these artworks? In Rembrandt’s painting, we see and identify a hierarchical medical institution and a didactic approach to the human body as an object of medical science. In Schad’s painting, we witness an event-representation from medical institutional practice: a ‘real’ clinical operation on a human body. In Kokoschka’s painting, we perceive a metaphor of ‘psychiatric identification’ transposed into the field of cynical subversion of Nazi racial and biopolitical propaganda. Nan Goldin’s photograph documents or, more precisely, reconstructs the emotional relationship with a patient during the global AIDS crisis. Zoran Todorović presents and implements a project that uses medical techniques as a non-media artistic situation. The mentioned examples indicate that the relationships between art, science, i.e., medicine, and health are indexed as transindividual relationships within the human community, which means they are extremely rough and heterogeneous political relationships situated between effects and meanings:

The psycho-social world of the transindividual is neither the brute social nor the inter-individual; it supposes a veritable operation of individuation on the basis of a pre-individual reality that is associated with individuals and is able to constitute a new problematic which has its own metastability; it expresses a quantum condition that is correlative with a plurality of orders of magnitude. The living being is presented as a problematic being, both superior and inferior to unity.<sup>12</sup>

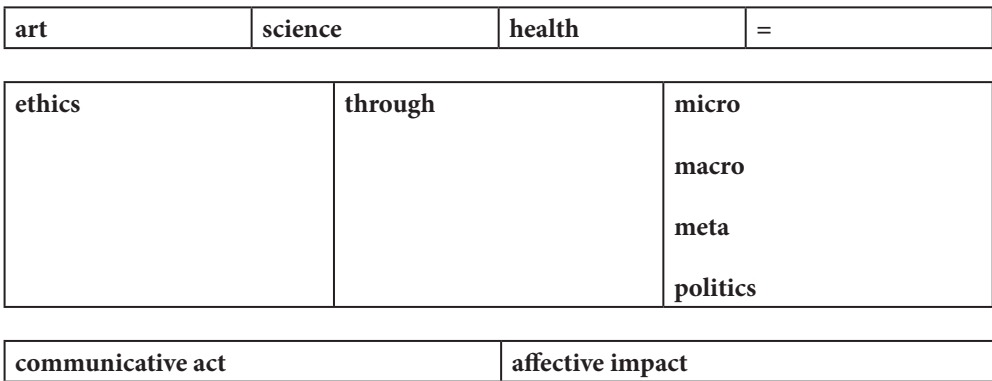
<b>Art</b>	<b>Science medicine</b>	<b>Health human condition</b>
<b>A + S + H</b>	=	<b>politics</b>
<b>ETHICS as EVALUATIVE DECISION</b>		
aesthetic didactics about ethical norms		
professional moral norms in relation to ethical universal norms		
healthcare and medicine as cultural, communicative, and social constructs of health ethic		

But these complex and often contradictory political relationships in the context of medicine and health are resolved through decisions belonging to a type of decision-making called “ethical decision-making”: “[...] ethics is a set of optional rules

<sup>11</sup> Momčilo Daničić, *Anatomski atlas čovečijeg tela sa pet tabela i dvanaest slika za školsku i privatnu upotrebu* (Beograd: Sveslovenska knjižarnica M.J. Stefanovića i druga, 1930).

<sup>12</sup> Gilbert Simondon, “Introduction,” in *Individuation in Light of Notions of Form and Information*, trans. Taylor Adkins (Minneapolis, London: University of Minnesota Press, 2020), 9.

against which we evaluate what we do, what we say, in relation to the ways of life that are involved ...”<sup>13</sup>. Therefore, medicine and health as certain phenomena of forms of life in the human world are determined by the variable and flexible difference between politics (political) and ethics (ethical): the relationships within human forms of life and the decisions through which certain decisions, intentions, and executive actions are carried out with consequences. This rough yet plastical difference as a critical, subversive, or didactic condition becomes sensory and emotionally presented and reflected in various traditional, modernist, or contemporary artistic practices. Becoming sensory and emotionally presented and reflective manifests as a communicative act (expression and transmission of a message), but also as an affective intensity (effect of impact, active agent, or influence on the body). Let us now look at the following diagram.



Art assumes the possibility of simultaneously demonstrating and provocative-ly establishing the relationship between science and health towards general cultural-ly distributed knowledge and individual experience. This relationship is established through pragmatic decisions that carry ethical effects in micro-political regimes (partnership, family, social group, clinic, hospital, asylum, healthcare personnel, doctors), macro-politics (health policies within institutions, network of institutions, as well as national or global health policies), and strategic platforms of meta-politics. In each singular case, the individual or individual body faces communicative acts and more dramatic actions that I call “affective impact” – the individual intensity that encompasses the individual body in the struggle or effort for sustainability between a healthy life, illness, treatment, healing, or dying. The discourse on the triangle of “art, science, and health” is thus connected to the specific dramaturgy of the singular body, intensive effects in individuality, and challenges for the individual within the complex network of transindividuality, i.e., institutional micro and macro rough politics, towards idealizations and canonizations of health metapolitics. Health metapolitics is based on certain idealizations and illusionistic or rhetorical performances of life

<sup>13</sup> Gilles Deleuze, “Life as a Work of Art,” in *Negotiations 1972–1990*, trans. Martin Joughin (New York: Columbia University Press, 1995), 100.

forms' sustainability in contrast to the self-destructiveness of disease or the dissolution of unsustainability in death.

If we compare two assumed triangles: the first one (art, science, and health) with the second one (micro, macro, and meta-politics), then the question arises: what practices confront, perform, regulate, supervise, or eliminate them?

These practices are the practices of biopolitics and necropolitics.

If we reduce the major theoretical modalities of biopolitics from Foucault<sup>14</sup> to Agamben<sup>15</sup> and the major theoretical modalities of necropolitics from Mbembe<sup>16</sup> to various contemporary thinkers of death to primary operational models feasible on the triangles: art-science-health and micro-macro-metapolitics, then:

- I designate biopolitics as heterogeneous and potential techniques of control, surveillance, management, and maintenance of life or forms of life.
- I designate necropolitics as heterogeneous and potential techniques of control, surveillance, management, and maintenance of death or forms of death/dying, i.e., annihilation of being.

If I posit and accept the previous reductionist or simplified identifications of biopolitics and necropolitics, then I wonder about how biopolitics and necropolitics operate (theory of modalities) and how they are applied to health in relation to art and science (theory of relations). Biopolitics, then, is the control of life through monitoring and management of life. Necropolitics is the control, intrusion, management, and non-maintenance of life. Non-maintenance of life is the maintenance of potentiality and actualization of death, i.e., absence of life.

<b>biopolitics</b>	<b>necropolitics</b>	<b>politics</b>  = <b>micropolitics mac- ropolitics metapol- itics</b>	<b>art, science, health</b>
controlling life	controlling death	power	artistic/aesthetical experiments with life and death

<sup>14</sup> Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France*, trans. Graham Burchell (London: Palgrave Macmillan, 2008).

<sup>15</sup> Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford CA: Stanford University Press, 1998).

<sup>16</sup> Achille Mbembe, *Necropolitics*, trans. Steve Corcoran (Durham: Duke University Press, 2019).

monitoring life	monitoring death	monitoring	artistic/aesthetical experiments with monitoring life and death
managing life	managing death	managing	artistic/aesthetical experiments with managing life and death
sustaining life	sustaining death	economy	artistic/aesthetic experiments with technologies of economic viability/ unsustainability of life/death

Therefore, ‘politics’ in the complex concepts of biopolitics and necropolitics indexes the potentiality of power that enables the implementation of technologies of surveillance and management in order to achieve profit – the economy of social ‘speculation’ or speculation with the profit from life and the profit from death. In this process, politics is performed at the level of ‘micro-impacts’ (individuals, micro-communities) and ‘macro-impacts’ (segments of society, society as a whole, but also humanity). Metapolitics is the design and implementation of potential theoretical platforms for war, criminal, humanitarian, health (medical, pharmaceutical, sports), or economic practices in terms of economic, trade, or accumulation of capital strategies and tactics.

Now the question of the triangle of relationships between art, science, and health arises once again. From the perspective of science, the relationships with health and art are seen as specific processes of aestheticizing the scientific nature of health policies, actions, or effects. From the perspective of health, the relationships with science and art are positioned within the regimes of scientific development of fundamental and applicable knowledge about health, and within the regimes of art, they are posed as risky individual or collective sensory or conceptual subjectivizations (self-versus us, self as a weak link in the chain). From the perspective of art, the relationships between science and health are aesthetically posed (*ge-stell*) as representations or media advocates; then as expressions or ideologically motivated events of subjectivization; and as the performances of an object, situation, or event in relation to an individual or collective health situation. In terms of contemporary art, the relationships between science and health are carried out as laboratory, seemingly real or real experiments with forms of life or modalities of death; as experiments with



social, medical, or socially participatory technologies of surveillance of life and/or death; and as experiments with technologies of managing life and/or death, or as experiments with technologies of economic sustainability/unsustainability of life and/or death in concrete or fictional social situations. The concept and pragmatics of the experiment are intentionally directed towards the risky new, towards the critical and subversive, or towards the spectacular relationship between health and disease, or between individual and institutional interventions on the body or organism, i.e., on specific singular forms of life in stages of change. For example, curator and art theorist Olga Majcen Linn focuses on the production and reception of “subversive forms of life/art”<sup>17</sup>. Art theorist Sunčica Ostoić presents a characteristic challenging relational formula: extreme, excessive, radical, and extravagant artistic practices in relation to intensity, exaggeration, and exceptions.<sup>18</sup> Howard Boland points out that bioart, for example, is an area where art intersects with biotechnologies<sup>19</sup> – let’s add: the science of health ranging from medicine through pharmacy to cultural tactical sustainability.

Health as an essential situation of any, primarily human form of life, is necessarily politicized. In order to be politicized, it must relate to operational models of formalization, i.e., the institutional bureaucratization of forms of life. This means that individual health must be related to health institutions: public and private clinics, emergency health units, hospitals, asylums, pharmacies, insurance companies, research laboratories, health education system, scientific medical system, etc. These are complex active ‘health’ networks through which politics (biopolitics, necropolitics) are implemented in everyday life. In doing so, everyday life according to the health system occupies different positions of artistic re-aestheticization or performative provocation:

- On a global scale, the visibility of epidemics and pandemics related to minority at-risk groups of the global population and the total global population is evident; one can observe the differences between the epidemics and the epidemiological and cultural representations of AIDS in the 1980s and COVID-19 at the end of the second decade of the 21<sup>st</sup> century.<sup>20</sup>
- In the context of Eastern European transitional postsocialism, the disintegration of the general state healthcare system and the prevalence of “health inequalities” are evident.
- In vastly different cultures, health and healthcare policies are connected to

<sup>17</sup> Olga Majcen Linn, “Odnos kritičkih, transgresivnih i subverzivnih umjetničkih praksi” [“The relationship between critical, transgressive, and subversive artistic practices”], in “Proizvodnja i recepcija subverzivnih oblika života/umetnosti” [“Production and reception of subversive artistic practices”], PhD diss., (Beograd: Fakultet za medije i komunikacije, 2021), 31–36.

<sup>18</sup> Sunčica Ostoić, “Modaliteti ekstremnih, ekscesnih, radikalnih i ekstravagantnih suvremenih vizualnih umjetničkih praksi” [“Modalities of Extreme, Excessive, Radical, and Extravagant Contemporary Visual Art Practices”], PhD diss., (Fakultet za medije i komunikacije, Beograd, 2022).

<sup>19</sup> Howard Boland, “Bioart: An Immersive Perspective,” in *Arc-Hive: Case Studies and Life as an Object*, ed. by Ena Hodžić, Olga Majcen Linn, Jurica Mlinarec, Luja Šimunović (Zagreb: Kontejner, 2022), 23–35.

<sup>20</sup> Douglas Crimp, *AIDS: Cultural Analysis, Cultural Activism* (Cambridge MA: The MIT Press, 1988); Paul B. Preciado, “Learning from the virus,” *Artforum* 58, 9 (May/June 2020), 76–84.

gender identities (queer health, crip health theories).

- In colonial, postcolonial, and decolonial contexts, the denotation of the breakdown of Western medical strategies and tactics, as well as the revival of traditional medicine, and the opening of fields for articulations of Western medicine, humanitarian interventions, shamanistic, and ritual healing, can be observed.
- The construction of the ideal of “class high medicine” for privileged or wealthy social strata in the geopolitical South, following the example of the North.
- Confronting the radicalization of the public health crisis and the ideologies of necropolitics, among others.<sup>21</sup>

<b>art</b>	<b>science</b>	<b>health</b>
visible spectacularization	performing new and dominant knowledge	constructing the difference between healthy and sick
relations of the sensual and the conceptual	packaging and commercial distribution of knowledge	norming the healthy in the medical and social fields of shaping life and death
relations between input and output impacts	technical/technological application of knowledge	establishing medical technologies between practices of idealization and commercialization of treatment
performing affective events	controlling the modality of human individual and collective life	the politicization of medicine as an instrument of performing forms of human life

In contemporary art, the relationship to science and health is established through specific tactical performances or tactical media impacts of spectacularization: making the invisible visible, that is, conceptually presenting it in the field of affective intensities. Making the invisible (microorganisms, bacteria, viruses, biochemical, and microbiological processes) visible means establishing an interactive relationship between the sensory and the affective with the conceptual in the field of individual experience and general public knowledge. It is shown how the invisible becomes visible, how the visible becomes connected to the affective, and how the sensory and the affective are conceptualized. This means that two levels are at work: 1) the level of dispositive understood as complex material and affective infrastructure, and 2) the level

<sup>21</sup> Compare with Bárbara Rodríguez Muñoz, “Introduction / The Wound is the Land of Healing”, in *Healing* (London: Whitechapel Gallery, Cambridge MA: The MIT Press, 2020), 16–19.

of discourse as an epistemological regime of processing, archiving, and downloading data on the biologically, medically, or health-invisible, sensory, affective, and conceptual activities within the boundaries of everyday life between illness, health, ideal or dirty data, and hypochondriacal and paranoid narratives<sup>22</sup>. The presentable package achieved through data mapping of the invisible, sensory, affective, and conceptual can remain at the level of perceived, indexed, and mapped within the field of the viewer's artistic experience, but it can also be mediated – agency – as affective intensity, i.e., the force of impact on the viewer's body of the artistic work. Medical devices and their technological systems constantly revise, metaphorically speaking, the 'cosmic' boundaries of life: sick – healthy, normal – abnormal, sustainable – unsustainable, natural – artificial, etc. In other words, health communication and discourses are used as support for the sustainability of life but paradoxically also as support for corporate interests that subordinate health policy to the circulation of capital. Therefore, data, information, scientific or didactic interpretations, commercial propaganda, and PR simultaneously become sequences of cultural mythology, conspiracy theories, or performances of humanitarian health interventions on the population.

Epistemological and affective impacts of artwork can be achieved through complex artistic activities, involving dominant medical knowledge at one time and confronting communication channels of commercial or applied medical knowledge and corresponding health work. Most often, this achieves, subverts, or neutralizes medical techniques/technologies in the concrete applications of medical knowledge in diagnosis, medical interventions, or mass medical policies in social care for the population. Medicine as a science and interventional technology is seen as the executive dispositive of health policies in which distinctions are established between the healthy and the sick, medical staff and patients, patient-object and patient-client. All these tactical operations are, from the perspective of artistic practice, shaped processes or tactical media performances of life and death. Shaping processes of life and death are not laboratory events. They are real social effects between scientific idealizations of the healthy/sick and commercial treatments of market distribution shaping real, illusionary, or fictional potentials of the healthy, sick, sustainable, unsustainable, painless, or painful. Within these frameworks, the effects of current biopower and certainly bio-non-power emerge.

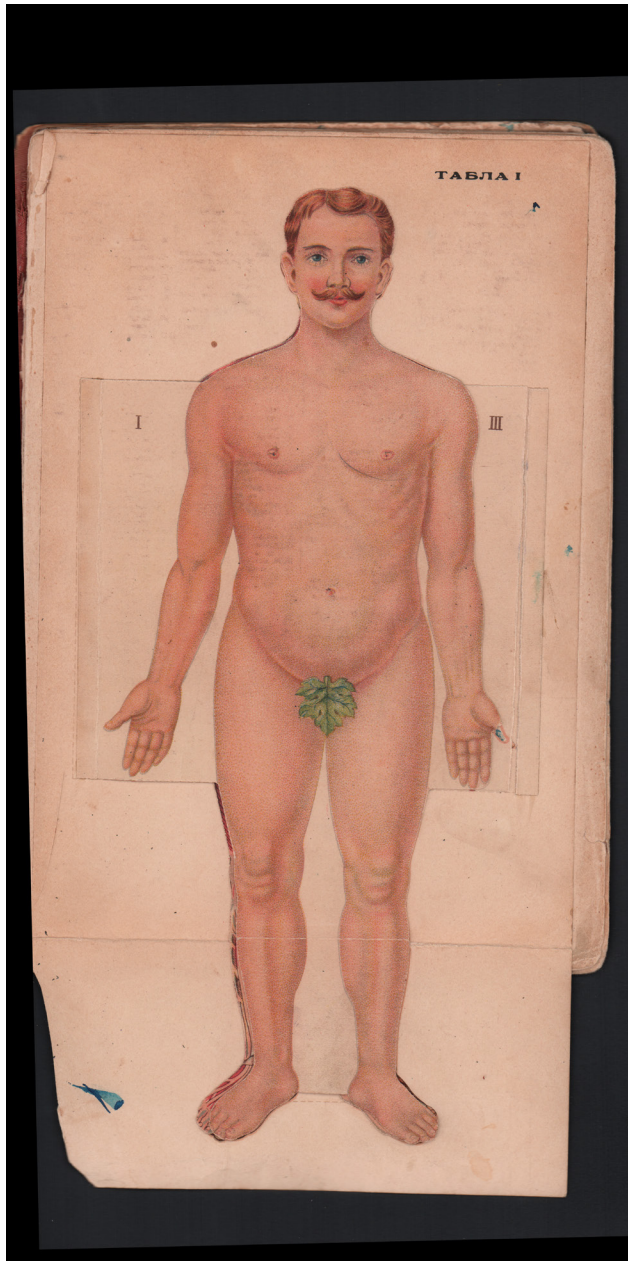
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<sup>22</sup> Compare the tactical performance of media presentation and data archiving: Félix Guattari, "Machinic Heterogenesis," in *Rethinking Technologies*, ed. by Verena Andermatt Conley (Minneapolis, London: University of Minnesota Press, 1993), 26; James Bridle, "Concurrency," in *New Dark Age: Technology and the End of the Future* (London: Verso, 2018), 231; Hito Steyerl, "A Sea Data: Pattern Recognition and Corporate Animism (Forked Version)," in *Pattern Discrimination* (Minneapolis, London: University of Minnesota Press, 2019), 7; Dalila Honorato, "Digital Semiotics for Biomedicine Art," in *Arc-Hive: Case Studies and Life as an Object*, ed. by Ena Hodžić, Olga Majcen Linn, Jurica Mlinarec, Luja Šimunović (Zagreb: Kontejner, 2022), 9–14.

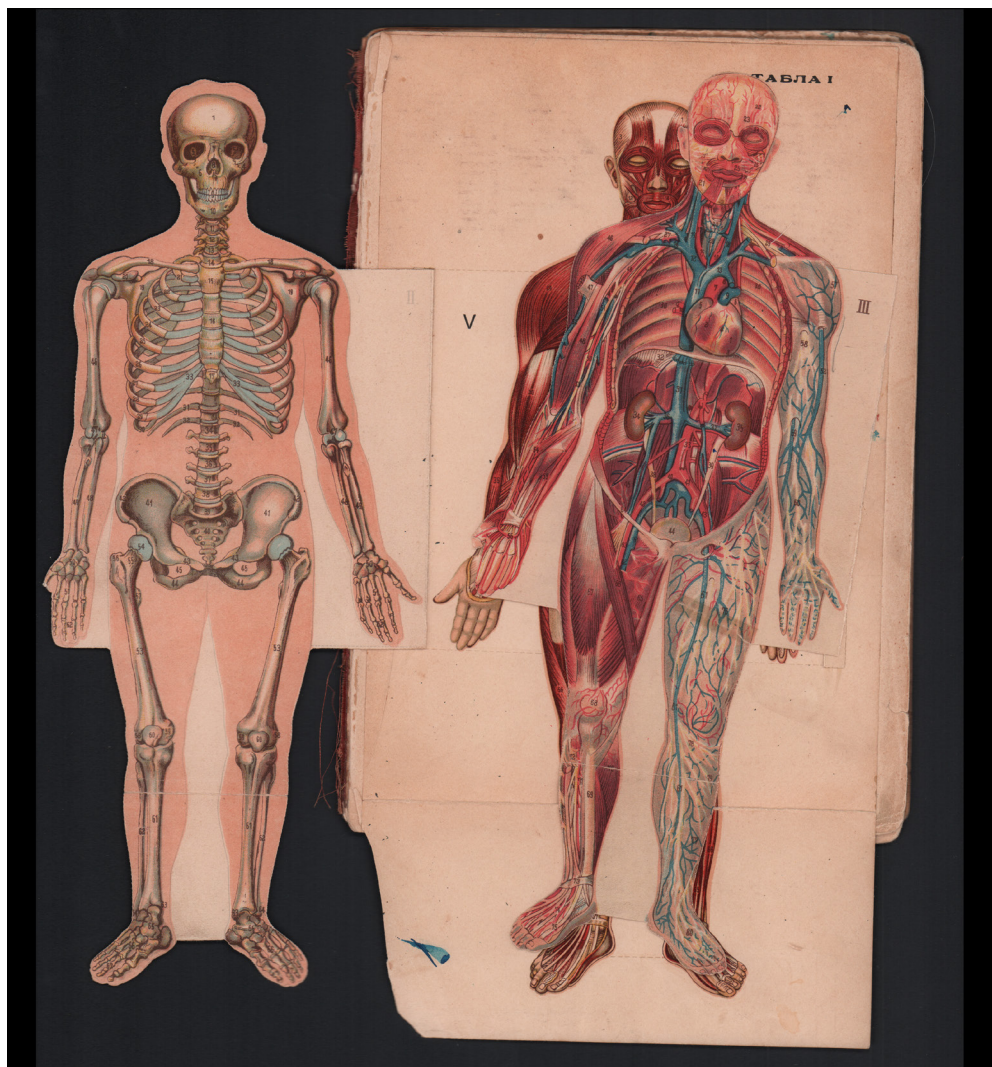
## Conclusion

Among numerous characterizations of artistic work/action, I have singled out four characteristic impacts on contemporary art. The modality of “art as symptom” points to the destabilization of the knowledge canon about health, ethical norms of the healthcare system, economic conditions in which the healthcare system is established, and, of course, the political power it exercises in a temporal sequence and cultural space, representing the prevailing relationship between science and health. The modality of “art as critical practice” leads to the provocation of the dominant canonical relationship between science and health, projecting possible alternatives for treatment, shaping life, or maintaining a balance between biopolitics and necropolitics as themes of artistic work or, in a more intensified sense, as a medium for performing artistic work involving healthcare agents. In this case, the modalities of health/healthcare have become tactical media, dispositives, and affects. The modality of “art as subversive practice” leads to provoking, destabilizing, and undermining the norms of scientific and medical policy in contemporary society, as well as destabilizing the affective field in contemporary art through drastic transformations of aspects of life or forms of life between instrumentalized practices of science and medicine. The modality of “art as emancipatory practice” confronts the potentials and predictions of art, science, and health with the conditions of individual and collective human liberation, self-reflection, and the realization of real and true conditions of life.

In the indicated modalities, certain uncertain approaches to artistic work emerge - from manual work to labor - which are connected with strategies and tactics of artistic and aesthetic naturalization or appropriation of scientific-medical-biological impacts. Also, significant are the performances of singular case studies in the context of bio art and bio/necropolitical art. Bio art presents itself as a field or aesthetic laboratory for exploring, testing, and critically subverting micro conditions and micro units recognized in healthcare, medical, or pharmaceutical policies. Bio/necropolitical art extends beyond “bio art” into the field of real social relations of power and powerlessness, domination, and marginalization of human forms of life according to the mechanisms of disease as well as the mechanisms of health technologies. Therefore, the concept of politics - micro-, macro-, meta-, i.e., biopolitics and necropolitics - must be reconsidered and changed. Politics is not only the practice of human social power or a solution for social antagonisms and contradictions, but also the consideration of what does not belong solely to the human and social realm but also to the world itself: nature, machines, various types of organisms, or ecological entities.



**Figure 1.** Anatomical atlas of the human body (1), 1930  
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**Figure 2.** Anatomical atlas of the human body (2), 1930  
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